

Tennessee Department of Mental Health and Developmental Disabilities

2007 Client Satisfaction Survey Adults and Children



Research & Evaluation Unit
Division of Managed Care

March 2008

TDMHDD 2007 Client Satisfaction Survey

Table of Contents

Executive Summary	1
Agency Domain Scores	3
Adult Survey Summary – All Agencies.....	4
Family/Guardian Survey Summary – All Agencies.....	7
Adult Survey Tool.....	9
Family/Guardian Survey Tool	12

**Tennessee Department of Mental Health & Developmental Disabilities
Division of Managed Care
2007 Client Satisfaction Survey**

Executive Summary

The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) Client Satisfaction Survey was first drafted in 2005 in an effort to measure state mental health consumers' perception of quality of care in a format that would also meet the requirements of the State's federal Data Infrastructure Grant (DIG) Uniform Reporting System (URS) tables and meet the Centers for Medicare and Medicaid (CMS) requirements of the current 1115(a) waiver (TennCare Program). The survey tool was modeled after the Mental Health Statistics Improvement Program's (MHSIP's) Adult Satisfaction Survey and Youth Satisfaction Survey for Families (YSS-F). Tennessee's Co-Principal Investigators for the DIG collaborated with members of the Tennessee Association of Mental Health Organizations (TAMHO) to facilitate administration of the survey through the state's community mental health agencies (CMHAs).

The Tennessee Outcomes Measurement System (TOMS) began as a pilot at five CMHAs in September 2006 with the remainder of agencies beginning participation April through July 2007. The MHSIP surveys for adults and parents/caregivers were added to the web-based TOMS administered by TeleSage in July 2007. Beginning in August, CMHAs participating in the TOMS collected surveys from consumers and the responses were entered into the web-based system at the agency level.

Nineteen agencies participated, submitting surveys from 114 locations across the state. Each agency was instructed to generate an adequate sample size by administering a survey, in English or Spanish, to every individual who came in for service during a selected period in August 2007. If the consumer served was under age 18, the Youth Satisfaction Survey for Families (YSS-F) was given to the parent or caregiver of the child. For consumers aged 18 and up, the MHSIP Adult Satisfaction survey was administered. A total of 7,479 satisfaction surveys were collected from CMHAs via a web-based electronic data system. Among the agencies that participated, fulfillment of requested sample size varied, from 13% to 566%, with a median fulfillment of 99%.

To comply with changes in MHSIP requirements, the 2007 child surveys were updated to include one additional satisfaction domain – Improved Functioning – comprised of one new question and four existing questions, for a total of 14 domains. Ratings of 'Not Applicable' were recoded as missing values. Respondents with more than 1/3 of the items missing from a particular domain were excluded from the calculation for that domain.

Positive responses were those marked 'Agree' and 'Strongly Agree.' Percent positive were calculated by dividing the sum of positive responses by the number of non-neutral responses for each domain. Statewide, the rate of positive responses was at least 90% for 12 of the 14 MHSIP-defined satisfaction domains: Access to Services (Adult and Child), Quality & Appropriateness (Adult), Cultural Sensitivity of Staff (Child), General Satisfaction (Adult and Child), Participation in Treatment Planning (Adult and Child), Outcomes of Services (Adult and Child), Improved Functioning and Social Connectedness (Child). The lowest scoring domain was Improved Functioning for adults, at 85% positive.

Seventy-eight percent of adults surveyed reported having current TennCare coverage, and this number was 92% for children. Most children receiving community mental health services were male (63%), while most adults receiving services were female (67%).

Plans are currently being developed with TeleSage to determine a method to supplement a random sample of routine TOMS surveys with an abbreviated MHSIP questionnaire throughout the year for 2008 reporting.

2007 Client Satisfaction Survey Scores by MHSIP Domain

Scores calculated for the 14 MHSIP domains, based on non-neutral responses from surveys with fewer than 1/3 missing from each domain

Adult MHSIP Domains	All CMHCs	Agency A	Agency C	Agency D	Agency E	Agency F	Agency G	Agency H	Agency I	Agency J	Agency K	Agency L	Agency M	Agency N	Agency O	Agency P	Agency Q	Agency R	Agency S	Agency T
Adult % Reporting Positively about Access	96%	96%	95%	97%	100%	97%	94%	97%	94%	99%	95%	99%	98%	94%	94%	98%	96%	98%	98%	95%
Adult % Reporting Positively about Quality and Appropriateness	98%	98%	97%	98%	100%	97%	97%	96%	96%	98%	96%	100%	99%	96%	98%	97%	100%	98%	98%	98%
Adult % Reporting Positively about Outcomes	88%	92%	82%	87%	97%	85%	90%	84%	83%	87%	85%	86%	85%	86%	90%	87%	92%	92%	90%	90%
Adult % Reporting Positively on Participation in Treatment Planning	93%	93%	93%	94%	99%	93%	92%	89%	94%	95%	91%	93%	97%	85%	90%	91%	97%	96%	96%	96%
Adult % Reporting Positively about General Satisfaction	98%	98%	98%	98%	100%	99%	93%	96%	97%	98%	97%	99%	100%	96%	98%	96%	100%	98%	99%	99%
Adult % Reporting Positively about Improved Functioning	85%	87%	78%	82%	97%	81%	92%	83%	76%	81%	82%	84%	83%	85%	90%	88%	86%	96%	89%	89%
Adult % Reporting Positively on Social Connectedness	87%	87%	81%	84%	97%	85%	91%	88%	84%	92%	78%	93%	85%	89%	87%	90%	89%	90%	89%	89%
Child MHSIP Domains																				
% Reporting Positively about Access for Children & Youth	94%	98%	92%	94%	97%	98%		93%	100%	91%	89%	100%	95%	91%	88%	89%	96%	100%	93%	93%
% Reporting Positively on General Satisfaction with Child's Services	99%	99%	97%	99%	100%	100%		98%	100%	97%	89%	100%	100%	94%	100%	99%	100%	99%	97%	97%
% Family Members Reporting Positively on Participation in Tx Planning	98%	99%	97%	98%	100%	99%		94%	100%	98%	100%	100%	98%	96%	100%	99%	100%	98%	99%	99%
% Reporting Positively about Cultural Sensitivity of Staff	99%	100%	99%	100%	100%	100%		97%	95%	98%	100%	100%	100%	94%	100%	99%	100%	100%	100%	100%
% Reporting Positively about Outcomes for Children & Youth	90%	95%	86%	91%	94%	92%		84%	100%	89%	80%	88%	90%	78%	91%	90%	81%	96%	92%	92%
% Reporting Positively about Improved Functioning	90%	91%	87%	91%	96%	96%		83%	100%	89%	82%	88%	92%	77%	94%	89%	84%	97%	92%	92%
% Family Members Reporting Positively on Social Connectedness	96%	100%	94%	97%	98%	98%		94%	100%	96%	95%	100%	98%	90%	98%	97%	91%	99%	97%	97%

Adult Survey Questions Included in Each Domain

ADULT: ACCESS TO SERVICES

- The location of services was convenient (parking, public transportation, distance, etc.).
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my call within 24 hours.
- Services were available at times that were good for me.

ADULT: QUALITY & APPROPRIATENESS

- Staff here believe that I can grow, change and recover.
- I felt free to complain.
- I was given information about my rights as a mental health consumer.
- Staff encouraged me to take responsibility for how I live my life.
- Staff told me what side effects to watch out for from my medications.
- Staff respected my wishes about who is and who is not to be given information about my treatment.
- Staff were sensitive to my cultural background (race, religion, language, etc.)
- Staff helped me obtain the information I needed so that I could take charge of my managing my illness.
- Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).

ADULT: OUTCOMES OF SERVICES

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My housing situation has improved.
- My symptoms are not bothering me as much.

ADULT: PARTICIPATION IN TREATMENT PLANNING

- I felt comfortable asking questions about my treatment and medication.
- I, not staff, decided my treatment goals.

ADULT: GENERAL SATISFACTION

- I like the services that I received here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family member.

ADULT: IMPROVED FUNCTIONING

- My symptoms are not bothering me as much.
- I do things that are more meaningful to me.
- I am better able to take care of my needs.
- I am better able to handle things when they go wrong.
- I am better able to do things that I want to do.

ADULT: SOCIAL CONNECTEDNESS

- I am happy with the friendships I have.
- I have people with whom I can do enjoyable things.
- I feel I belong in my community.
- In a crisis, I would have the support I need from family or friends.

Child Survey Questions Included in Each Domain

CHILD: ACCESS TO SERVICES

- The location of services was convenient for us (parking, public transp, distance, etc.)
- Services were available at times that were convenient for us

CHILD: CULTURAL SENSITIVITY OF STAFF

- Staff treated me with respect.
- Staff respected my family's religious/spiritual beliefs.
- Staff spoke with me in a way that I understood.
- Staff were sensitive to my cultural/ethnic background.

CHILD: OUTCOMES OF SERVICES

- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.

CHILD: PARTICIPATION IN TREATMENT

- I helped to choose my child's services.
- I helped to choose my child's treatment goals.
- I participated in my child's treatment.

CHILD: GENERAL SATISFACTION

- Overall, I am satisfied with the services my child received.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

CHILD: IMPROVED FUNCTIONING (NEW)

- My child is better able to do things he or she wants to do.
- My child is better at handling daily life
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is better able to cope when things go wrong.

YOUTH/FAMILY: SOCIAL CONNECTEDNESS

- I know people who will listen and understand me when I need to talk.
- I have people that I am comfortable talking with about my child's problems.
- In a crisis, I would have the support I need from family or friends.
- I have people with whom I can do enjoyable things.

2007 TDMHDD Member Satisfaction Survey Summary

State Summary of Survey Responses

Adult: 5665 Surveys

Are you male or female?	# of respondents	%
missing	1	
Male	1861	33
Female	3803	67

Are you Hispanic or Latino?	# of respondents	%
missing	180	
Yes	130	2
No	5355	98

What is your race? (Select all that apply.)	# of respondents	%
missing	34	
American Indian Or Alaska Native	116	2
Asian	10	0
Black Or African American	1313	23
Native Hawaiian Or Other Pacific Islander	21	0
White	4099	73
More Than One Race Selected	72	1

How long have you received services from this agency?	# of respondents	%
Less Than One Month	389	7
1-5 Months	784	14
6 Months To 1 Year	746	13
More Than 1 Year	3746	66

Are you covered by Medicaid or TennCare?	# of respondents	%
Yes	4399	78
No	1266	22

2007 TDMHDD Member Satisfaction Survey Summary

	# of respond ents	% positive	SA	A	N	D	SD
1. I like the services that I received here.	5589	98	3122	1987	365	60	55
2. If I had other choices, I would still get services from this agency.	5532	95	2881	1970	446	147	88
3. I would recommend this agency to a friend or family member.	5574	97	3127	1947	327	96	77
4. The location of services was convenient (parking, public transportation, distance, etc.)	5567	96	2850	2087	400	159	71
5. Staff were willing to see me as often as I felt it was necessary.	5537	96	3004	1930	399	123	81
6. Staff returned my calls within 24 hours.	5258	93	2589	1846	465	256	102
7. Services were available at times that were good for me.	5583	97	2971	2123	336	93	60
8. Staff here believe that I can grow, change and recover.	5461	97	2753	1982	570	89	67
9. I felt comfortable asking questions about my treatment and medication.	5537	97	3009	2037	331	92	68
10. I felt free to complain.	5365	95	2503	2171	470	131	90
11. I was given information about my rights as a mental health consumer.	5410	97	2921	2063	286	85	55
12. Staff encouraged me to take responsibility for how I live my life.	5314	97	2615	2076	461	104	58
13. Staff told me what side effects to watch out for from my medications.	5222	94	2491	1970	453	214	94
14. Staff respected my wishes about who is and who is not to be given information about my treatment.	5376	98	3023	1967	275	60	51
15. I, not staff, decided my treatment goals.	5194	92	2072	1990	788	237	107
16. Staff were sensitive to my cultural background (race, religion, language, etc).	5094	97	2500	1900	535	94	65
17. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	5293	96	2520	2041	531	122	79
18. Staff encouraged me to use consumer-run programs (support groups, drop-in/peer support centers, crisis phone lines, etc.).	5129	94	2323	1916	624	185	81
19. I deal more effectively with daily problems.	5326	91	1731	2263	935	287	110
20. I am better able to control my life.	5341	89	1682	2159	1048	333	119
21. I am better able to deal with crisis.	5316	85	1528	2036	1130	452	170
22. I am getting along better with my family.	5240	86	1622	1991	1039	390	198
23. I do better in social situations.	5252	81	1416	1833	1247	541	215
24. I do better in school and/or work.	3820	79	1003	1215	1024	388	190
25. My housing situation has improved.	4866	80	1379	1642	1096	493	256
26. My symptoms are not bothering me as much.	5276	75	1293	1843	1074	780	286

2007 TDMHDD Member Satisfaction Survey Summary

	# of respond ents	% positive	SA	A	N	D	SD
27. I do things that are more meaningful to me.	5269	85	1491	2026	1110	464	178
28. I am better able to take care of my needs.	5300	87	1549	2177	1013	410	151
29. I am better able to handle things when they go wrong.	5250	81	1318	2045	1122	537	228
30. I am better able to do things that I want to do.	5222	84	1368	2070	1120	472	192
31. My encounters with the police have been reduced.	3260	90	1472	927	605	128	128
32. I am happy with the friendships I have.	5217	88	1803	2015	884	353	162
33. I have people with whom I can do enjoyable things.	5248	87	1799	2079	799	376	195
34. I feel I belong in my community.	5236	81	1483	1815	1167	495	276
35. In a crisis, I would have the support I need from family or friends.	5294	88	2116	1962	656	338	222

2007 TDMHDD Member Satisfaction Survey Summary

State Summary of Survey Responses

Family/Guardian of Child: 1814 Surveys

Is the child male or female?	# of respondents	%
missing	1	
Male	1136	63
Female	677	37

Is the child Hispanic or Latino?	# of respondents	%
missing	35	
Yes	53	3
No	1726	97

What is the child's race? (Select all that apply.)	# of respondents	%
missing	10	
American Indian Or Alaska Native	12	1
Asian	2	0
Black Or African American	521	29
Native Hawaiian Or Other Pacific Islander	4	0
White	1223	68
More Than One Race Selected	42	2

How long has the child received services from this agency?	# of respondents	%
Less Than One Month	152	8
1-5 Months	381	21
6 Months To 1 Year	352	19
More Than 1 Year	929	51

Is the child covered by Medicaid or TennCare?	# of respondents	%
Yes	1661	92
No	153	8

2007 TDMHDD Member Satisfaction Survey Summary

	# of respond ents	% positive	SA	A	N	D	SD
1. Overall, I am satisfied with the services my child received.	1774	98	894	731	122	19	8
2. I helped to choose my child's services.	1731	96	763	770	142	43	13
3. I helped to choose my child's treatment goals.	1725	97	781	764	131	36	13
4. The people helping my child stuck with us no matter what.	1707	97	879	609	171	26	22
5. I felt my child had someone to talk to when he/she was troubled.	1722	97	849	657	166	41	9
6. I participated in my child's treatment.	1758	99	956	696	87	9	10
7. The services my child and/or family received were right for us.	1756	98	851	696	175	28	6
8. The location of services was convenient for us (parking, public transportation, distance, etc.).	1788	94	870	700	114	79	25
9. Services were available at times that were convenient for us.	1789	96	869	711	149	48	12
10. My family got the help we wanted for my child.	1716	97	780	730	157	37	12
11. My family got as much help as we needed for my child.	1709	95	753	682	198	62	14
12. Staff treated me with respect.	1765	99	1098	602	43	12	10
13. Staff respected my family's religious/spiritual beliefs.	1618	99	906	597	104	5	6
14. Staff spoke with me in a way that I understood.	1756	99	1041	652	47	10	6
15. Staff were sensitive to my cultural background.	1575	99	841	594	125	7	8
16. My child is better able to do things he or she wants to do.	1681	94	545	754	293	78	11
17. My child is better at handling daily life.	1679	89	473	764	290	129	23
18. My child gets along better with family members.	1675	86	440	736	313	160	26
19. My child gets along better with friends and other people.	1681	89	438	771	322	126	24
20. My child is doing better in school and/or work.	1660	90	493	728	304	102	33
21. My child is better able to cope when things go wrong.	1680	82	395	689	359	181	56
22. I am satisfied with our family life right now.	1695	84	442	664	371	168	50
23. My child's encounters with the police have been reduced.	832	92	322	317	140	30	23
24. I know people who will listen and understand me when I need to talk.	1723	97	746	780	148	37	12
25. I have people that I am comfortable talking with about my child's problems.	1733	97	775	771	132	43	12
26. In a crisis, I would have the support I need from family or friends.	1733	95	767	727	156	56	27
27. I have people with whom I can do enjoyable things.	1733	96	759	770	144	46	14

Agency ID:

Clinic ID:

Annual Adult Supplemental Survey

1. What is your age now?

2. Are you male or female?

1 ☐ Male0 ☐ Female

3. Are you Hispanic or Latino?

1 ☐ Yes0 ☐ No

4. What is your race? (Select all that apply.)

1 ☐ American Indian or Alaska Native2 ☐ Asian3 ☐ Black or African American4 ☐ Native Hawaiian or Other Pacific Islander5 ☐ White

5. How long have you received services from this agency?

1 ☐ Less than one month2 ☐ 1-5 months3 ☐ 6 months to 1 year4 ☐ More than 1 year

6. Are you covered by Medicaid or TennCare?

1 ☐ Yes0 ☐ No

Please indicate your agreement/disagreement with each of the following statements. If the question is about something you have not experienced, select "Not Applicable."

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	1	2	3	4	5	*
2. If I had other choices, I would still get services from this agency.	1	2	3	4	5	*
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	*
4. The location of services was convenient (parking, public transportation, distance, etc.)	1	2	3	4	5	*
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	*
6. Staff returned my calls within 24 hours.	1	2	3	4	5	*
7. Services were available at times that were good for me.	1	2	3	4	5	*
8. Staff here believe that I can grow, change and recover.	1	2	3	4	5	*
9. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	*

10. I felt free to complain.	1	2	3	4	5	*
11. I was given information about my rights as a mental health consumer.	1	2	3	4	5	*
12. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	*
13. Staff told me what side effects to watch out for from my medications.	1	2	3	4	5	*
14. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	*
15. I, not staff, decided my treatment goals.	1	2	3	4	5	*
16. Staff were sensitive to my cultural background (race, religion, language, etc).	1	2	3	4	5	*
17. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	*
18. Staff encouraged me to use consumer-run programs (support groups, drop-in/peer support centers, crisis phone lines, etc.).	1	2	3	4	5	*

As a direct result of services I received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
19. I deal more effectively with daily problems.	1	2	3	4	5	*
20. I am better able to control my life.	1	2	3	4	5	*
21. I am better able to deal with crisis.	1	2	3	4	5	*
22. I am getting along better with my family.	1	2	3	4	5	*
23. I do better in social situations.	1	2	3	4	5	*
24. I do better in school and/or work.	1	2	3	4	5	*
25. My housing situation has improved.	1	2	3	4	5	*
26. My symptoms are not bothering me as much.	1	2	3	4	5	*
27. I do things that are more meaningful to me.	1	2	3	4	5	*
28. I am better able to take care of my needs.	1	2	3	4	5	*

29. I am better able to handle things when they go wrong.	1	2	3	4	5	*
30. I am better able to do things that I want to do.	1	2	3	4	5	*
31. My encounters with the police have been reduced.	1	2	3	4	5	*

For questions 32-35 please answer for relationships with persons other than your mental health provider(s)

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
32. I am happy with the friendships I have.	1	2	3	4	5	*
33. I have people with whom I can do enjoyable things.	1	2	3	4	5	*
34. I feel I belong in my community.	1	2	3	4	5	*
35. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	*

Agency ID:

Clinic ID:

Annual Family/Guardian Supplemental Survey

1. What is the child's age now?

2. Is the child male or female?

- 1 ☐ Male
0 ☐ Female

3. Is the child Hispanic or Latino?

- 1 ☐ Yes
0 ☐ No

4. What is the child's race? (Select all that apply.)

- 1 ☐ American Indian or Alaska Native
2 ☐ Asian
3 ☐ Black or African American
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ White

5. How long has the child received services from this agency?

- 1 ☐ Less than one month
2 ☐ 1-5 months
3 ☐ 6 months to 1 year
4 ☐ More than 1 year

6. Is the child covered by Medicaid or TennCare?

- 1 ☐ Yes
0 ☐ No

Please indicate your agreement/disagreement with each of the following statements. If the question is about something you have not experienced, select "Not Applicable."

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. Overall, I am satisfied with the services my child received.	1	2	3	4	5	*
2. I helped to choose my child's services.	1	2	3	4	5	*
3. I helped to choose my child's treatment goals.	1	2	3	4	5	*
4. The people helping my child stuck with us no matter what.	1	2	3	4	5	*
5. I felt my child had someone to talk to when he/she was troubled.	1	2	3	4	5	*
6. I participated in my child's treatment.	1	2	3	4	5	*
7. The services my child and/or family received were right for us.	1	2	3	4	5	*
8. The location of services was convenient for us (parking, public transportation, distance, etc.).	1	2	3	4	5	*
9. Services were available at times that were convenient for us.	1	2	3	4	5	*

10. My family got the help we wanted for my child.	1	2	3	4	5	*
11. My family got as much help as we needed for my child.	1	2	3	4	5	*
12. Staff treated me with respect.	1	2	3	4	5	*
13. Staff respected my family's religious/spiritual beliefs.	1	2	3	4	5	*
14. Staff spoke with me in a way that I understood.	1	2	3	4	5	*
15. Staff were sensitive to my cultural background.	1	2	3	4	5	*

As a result of the services my child and/or family received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
16. My child is better able to do things he or she wants to do.	1	2	3	4	5	*
17. My child is better at handling daily life	1	2	3	4	5	*
18. My child gets along better with family members.	1	2	3	4	5	*
19. My child gets along better with friends and other people.	1	2	3	4	5	*
20. My child is doing better in school and/or work.	1	2	3	4	5	*
21. My child is better able to cope when things go wrong.	1	2	3	4	5	*
22. I am satisfied with our family life right now.	1	2	3	4	5	*
23. My child's encounters with the police have been reduced.	1	2	3	4	5	*

For questions 24-27 please answer for relationships with persons other than your mental health provider(s)	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
24. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	*
25. I have people that I am comfortable talking with about my child's problems.	1	2	3	4	5	*
26. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	*
27. I have people with whom I can do enjoyable things.	1	2	3	4	5	*